

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE - Credentialing Division  
P.O. Box 94986, Lincoln, Nebraska 68509-4986  
402-471-2117

**Body Art License Application**

Mark the Appropriate Box(s) Below for the Type of License You are Making Application:

- ☐ Body Brander
 ☐ Permanent Color Technician  
☐ Body Piercer
 ☐ Tattoo Artist

Print or Type

<b>SECTION A - PERSONAL INFORMATION</b> (All applicants must complete this section) <b>This section is public information and will be displayed on the INTERNET (<a href="http://www.hhs.state.ne.us/lis/lisindex.htm">http://www.hhs.state.ne.us/lis/lisindex.htm</a>)</b>				
1	NAME	First	Middle	Last
2	ADDRESS	Street/PO/Route		
		City	State	Zip
3	TELEPHONE: (Optional)			
4	DATE OF BIRTH: (You must be at least 18 years of age)		5	PLACE OF BIRTH (city/state):
6	SOCIAL SECURITY #: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)			

✓ *Attach a photocopy of your birth certificate, marriage license or drivers license for verification of your age.*

<b>SECTION B - CONVICTIONS</b> (All applicants must complete this section)				
Question	Yes	No	Type of Crime	Date of Action
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

If you answered YES above, you must request the following documents be sent directly to this office:

- Official Court Record, which includes charges and disposition
- Copies of Arrest Records
- A letter from the applicant explaining the nature of the conviction
- All addiction/mental health evaluations and proof of treatment (if the conviction involved drugs and/or alcohol)
- If currently on probation, a letter from your probation officer referencing your probationary progress or date of release

<b>SECTION C - LICENSE FEES</b> (See Chart Below)
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**If you are requesting more than 1 license, you must pay the following fees for each license requested.**

Determine the month and year in which your license will be issued. If the month falls in the shaded area of the following chart, the fee is \$31.00 or \$26.00 dollars if your license is issued within 180 days of the renewal date (9/31- 03/31 odd-numbered year). If the month falls in the unshaded area, the fee is \$32.00.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Number Year	32.00	32.00	32.00	31.00	31.00	31.00	31.00	31.00	31.00	26.00	26.00	26.00
Odd Numbered Year	26.00	26.00	26.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00

✓ **Make payable to:** Credentialing Division

**SECTION D - EDUCATION** (All applicants must complete this section)

Mark the appropriate box relating to your high school education:

- ☐ High School Diploma  
☐ GED

✓ **Attach a photocopy of the High School diploma, General Education Document (GED), or similar documentation of attaining a high school education.**

**SECTION E - TRAINING**

To qualify for licensure, you must have completed at least 4 hours of training within 3 years immediately prior to this application. List below the training, provider, and date of training completed:

1. **BLOODBORNE PATHOGEN TRAINING:** At least 2 hours of Bloodborne Pathogens (disease) training, which includes sanitation, infection control and sterilization. An examination is required as a condition of completing this training.

**The examination must include:**

- a) Sanitation;
- b) Safety (including emergency procedures);
- c) Infection control including cross contamination and barrier control; and
- d) Sterilization including use of an autoclave.

Name of Bloodborne Pathogen Training Provider	Date of training	Hours completed

✓ You must attach verification of completion of the above training.

2. **BASIC FIRST AID** class which teaches participants how to:

- Recognize emergency situations;
- Check the scene and call for help;
- Avoid bloodborne pathogen exposure;
- Care for wounds;
- Manage sudden illnesses; and
- Minimize shock.

Name of Basic First Aid Training Provider	Date of training	Hours completed

✓ You must attach verification of completion of the above training.

The bloodborne pathogen and first aid training may be obtained through any of the following:

- Nationally accredited organization;
- Local government sponsored;
- Hospital sponsored;
- College sponsored;
- OSHA (Occupation and Safety Hazards Act) sponsored; or
- Red Cross.

**SECTION F – ATTESTATION** An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty pursuant to 172 NAC 44-012, or such other action as provided in the statutes and regulations governing the credential.

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete. I further state that:

- ☐ I have not practiced body art in Nebraska after April 1, 2005; **or**  
☐ I have practiced body art in Nebraska without a NEBRASKA LICENSE after April 1, 2005.

\_\_\_\_\_ number of days practiced in Nebraska AFTER April 1, 2005

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_ date